

VICTORIA BOWLING CLUB

APPLICATION FOR MEMBERSHIP

SURNAME..... TITLE.....

FIRST NAMES.....DOB.....
NOT MANDATORY IF OVER 25

ADDRESS.....

.....

.....POST CODE.....

OCCUPATION.....

EMAIL ADDRESS.....

HOME TELEPHONE NUMBER.....

BOWLING EXPERIENCE: BEGINNER YES/NO.....

PREVIOUS BOWLING CLUB IF ANY:

INTRODUCED BY.....

SECONDED BY.....

I, THE UNDERSIGNED, WISH TO BECOME A FULL PLAYING SOCIAL/MEMBER OF THE VICTORIA BOWLING CLUB AND I AGREE TO ABIDE BY ITS RULES AT ALL TIMES AND DO MY UTMOST TO FURTHER THE INTERESTS OF THE CLUB

SIGNATURE..... DATE.....

MATCH SECRETARY
Mr. Terry Bailey
79, Barcombe Road,
Preston
Paignton
Devin TQ3 1QB
01803-393160

COMMITTEE USE ONLY
ACKNOWLEDGED
ADDRESS LIST

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